

|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                        |                                                                                     |                                                                                                                         |                                              |                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------|
| PLAINTIFF<br><b>UNITED STATES OF AMERICA</b>                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        | COURT CASE NUMBER<br><b>2:08cr34-WKW</b>                                            |                                                                                                                         |                                              |                                                  |
| DEFENDANT<br><b>JAMES EARLE STINSON</b>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                        | TYPE OF PROCESS<br><b>PRELIMINARY ORDER OF FORFEITURE</b>                           |                                                                                                                         |                                              |                                                  |
| <b>SERVE<br/>AT</b>                                                                                                                                                                                                                                                                                                                                                                                         | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br><b>ONE SAVAGE, MODEL 67, 12 GAUGE SHOTGUN, BEARING SERIAL NUMBER E159152</b> |                                                                                     |                                                                                                                         |                                              |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)<br><b>c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104</b>                                      |                                                                                     |                                                                                                                         |                                              |                                                  |
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                        | <input type="checkbox"/> Number of process to be served with this Form - 285        | 1                                                                                                                       |                                              |                                                  |
| Tommie Brown Hardwick<br>United States Attorney's Office<br>Assistant United States Attorney<br>Post Office Box 197<br>Montgomery, Alabama 36101-0197                                                                                                                                                                                                                                                       |                                                                                                                                                                                        | <input type="checkbox"/> Number of parties to be served in this case                |                                                                                                                         |                                              |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                        | <input type="checkbox"/> Check for service on U.S.A.                                |                                                                                                                         |                                              |                                                  |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)                                                                                                                                                                                                                 |                                                                                                                                                                                        |                                                                                     |                                                                                                                         |                                              |                                                  |
| AGENCY # 776045-07-0160                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                        |                                                                                     |                                                                                                                         |                                              |                                                  |
| Signature of Attorney or other Originator Requesting service on behalf of:<br><i>Tommie Brown Hardwick</i>                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                        | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER<br>(334) 223-7280                                                                                      |                                              |                                                  |
| DATE<br>05/12/08                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                                     |                                                                                                                         |                                              |                                                  |
| <b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE</b>                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                        |                                                                                     |                                                                                                                         |                                              |                                                  |
| I acknowledge receipt for the total number of process indicated.<br>(Sign only first USM 285 if more than one USM 285 is submitted)                                                                                                                                                                                                                                                                         | Total Process<br>No. _____                                                                                                                                                             | District of Origin<br>No. _____                                                     | District to Serve<br>No. _____                                                                                          | Signature of Authorized USMS Deputy or Clerk | Date                                             |
| I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. |                                                                                                                                                                                        |                                                                                     |                                                                                                                         |                                              |                                                  |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                                     |                                                                                                                         |                                              |                                                  |
| Name and title of individual served (If not shown above).                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                        |                                                                                     | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. |                                              |                                                  |
| Address (complete only if different than shown above)                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                        |                                                                                     | Date of Service<br><b>5/16/08</b>                                                                                       | Time<br><b>2 - 30 pm</b>                     |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                        |                                                                                     | Signature of U.S. Marshal or Deputy<br><i>2008-05-16 (ATE)</i>                                                          |                                              |                                                  |
| Service Fee                                                                                                                                                                                                                                                                                                                                                                                                 | Total Mileage Charges<br>(including endeavors)                                                                                                                                         | Forwarding Fee                                                                      | Total Charges                                                                                                           | Advance Deposits                             | Amount Owed to US Marshal or<br>Amount of Refund |

REMARKS:

|                                                                                                                                                       |                                                                                                                                                                                          |                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| PLAINTIFF<br><b>UNITED STATES OF AMERICA</b>                                                                                                          |                                                                                                                                                                                          | COURT CASE NUMBER<br><b>2:08cr34-WKW</b>                                       |
| DEFENDANT<br><b>JAMES EARLE STINSON</b>                                                                                                               |                                                                                                                                                                                          | TYPE OF PROCESS<br><b>PRELIMINARY ORDER OF FORFEITURE</b>                      |
| <b>SERVE</b><br><br><b>AT</b>                                                                                                                         | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br><b>ONE SAVAGE, MODEL 9478, 12 GAUGE SHOTGUN, BEARING SERIAL NUMBER E673190</b> |                                                                                |
|                                                                                                                                                       | ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)<br><b>c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104</b>                                        |                                                                                |
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:                                                                                        |                                                                                                                                                                                          | Number of process to be served with this Form - 285<br><b>1</b>                |
| Tommie Brown Hardwick<br>United States Attorney's Office<br>Assistant United States Attorney<br>Post Office Box 197<br>Montgomery, Alabama 36101-0197 |                                                                                                                                                                                          | Number of parties to be served in this case<br><br>Check for service on U.S.A. |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

AGENCY # 776045-07-0160

|                                                                                                            |                                                                                     |                                    |                  |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|------------------|
| Signature of Attorney or other Originator requesting service on behalf of:<br><i>Tommie Brown Hardwick</i> | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER<br>(334) 223-7280 | DATE<br>05/12/08 |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|------------------|

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

|                                                                                                                                     |                         |                              |                             |                                              |      |
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| I acknowledge receipt for the total number of process indicated.<br>(Sign only first USM 285 if more than one USM 285 is submitted) | Total Process No. _____ | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk | Date |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|-----------------------------|----------------------------------------------|------|

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

|                                                           |                                                                                                                        |  |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|
| Name and title of individual served (If not shown above). | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode |  |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|

|                                                       |                                   |                        |
|-------------------------------------------------------|-----------------------------------|------------------------|
| Address (complete only if different than shown above) | Date of Service<br><i>5/16/08</i> | Time<br><i>2:30 pm</i> |
|-------------------------------------------------------|-----------------------------------|------------------------|

|             |                                             |                |               |                  |                              |                  |
|-------------|---------------------------------------------|----------------|---------------|------------------|------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount Owed to US Marshal or | Amount or Refund |
|-------------|---------------------------------------------|----------------|---------------|------------------|------------------------------|------------------|

REMARKS:

PLAINTIFF  
**UNITED STATES OF AMERICA**COURT CASE NUMBER  
**2:08cr34-WKW**DEFENDANT  
**JAMES EARLE STINSON**TYPE OF PROCESS  
**PRELIMINARY ORDER OF  
FORFEITURE****SERVE****AT**NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**ONE MOSSBERG, MODEL 500A, 12 GAUGE SHOTGUN, BEARING SERIAL NUMBER L767059**

ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)

c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be served  
with this Form - 285

1

Tommie Brown Hardwick  
United States Attorney's Office  
Assistant United States Attorney  
Post Office Box 197  
Montgomery, Alabama 36101-0197Number of parties to be served  
in this case

Check for service on U S A

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

AGENCY # 776045-07-0160

Signature of Attorney or other Originator requesting service on behalf of :

*Tommie Brown Hardwick* PLAINTIFF  
 DEFENDANTTELEPHONE NUMBER  
(334) 223-7280DATE  
05/12/08**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more than  
one USM 285 is submitted)Total Process  
No. \_\_\_\_\_District of Origin  
No. \_\_\_\_\_District to Serve  
No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).

 A person of suitable age and discretion then  
residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service  
*5/14/08* Time  
*2:30 pm*  
Signature of U.S. Marshal or Deputy  
*ATF*

| Service Fee | Total Mileage Charges<br>(including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount Owed to US Marshal or | Amount or Refund |
|-------------|------------------------------------------------|----------------|---------------|------------------|------------------------------|------------------|
|             |                                                |                |               |                  |                              |                  |

REMARKS:

## United States Marshals Service

PROCESS RECEIPT AND RETURN  
See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form

|                                                                                                                                                       |                                                                                                                                                                                             |                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| PLAINTIFF<br><b>UNITED STATES OF AMERICA</b>                                                                                                          | COURT CASE NUMBER<br><b>2:08cr34-WKW</b>                                                                                                                                                    |                                                                 |
| DEFENDANT<br><b>JAMES EARLE STINSON</b>                                                                                                               | TYPE OF PROCESS<br><b>PRELIMINARY ORDER OF FORFEITURE</b>                                                                                                                                   |                                                                 |
| <b>SERVE<br/>AT</b>                                                                                                                                   | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br><b>ONE RUGER, MODEL 22/45, .22 CALIBER PISTOL, BEARING SERIAL NUMBER 224-18116</b> |                                                                 |
|                                                                                                                                                       | ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)<br><b>c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104</b>                                           |                                                                 |
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:                                                                                        |                                                                                                                                                                                             |                                                                 |
|                                                                                                                                                       |                                                                                                                                                                                             | Number of process to be served with this Form - 285<br><b>1</b> |
| Tommie Brown Hardwick<br>United States Attorney's Office<br>Assistant United States Attorney<br>Post Office Box 197<br>Montgomery, Alabama 36101-0197 |                                                                                                                                                                                             | Number of parties to be served in this case<br><b></b>          |
|                                                                                                                                                       |                                                                                                                                                                                             | Check for service on U.S.A.<br><b></b>                          |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

AGENCY # 776045-07-0160

|                                                                                                            |                                                                                     |                                    |                  |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|------------------|
| Signature of Attorney or other Originator requesting service on behalf of:<br><i>Tommie Brown Hardwick</i> | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER<br>(334) 223-7280 | DATE<br>05/12/08 |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|------------------|

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

|                                                                                                                                     |                         |                              |                             |                                              |      |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|-----------------------------|----------------------------------------------|------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only first USM 285 if more than one USM 285 is submitted) | Total Process No. _____ | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk | Date |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|-----------------------------|----------------------------------------------|------|

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

|                                                          |                                                                                                                         |                        |               |                  |                              |                  |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------|---------------|------------------|------------------------------|------------------|
| Name and title of individual served (If not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. |                        |               |                  |                              |                  |
| Address (complete only if different than shown above)    | Date of Service<br><i>5/14/08</i>                                                                                       | Time<br><i>2:30 PM</i> |               |                  |                              |                  |
| Signature of U.S. Marshal or Deputy<br><i>ATF</i>        |                                                                                                                         |                        |               |                  |                              |                  |
| Service Fee                                              | Total Mileage Charges (including endeavors)                                                                             | Forwarding Fee         | Total Charges | Advance Deposits | Amount Owed to US Marshal or | Amount of Refund |

REMARKS:

U.S. Department of Justice  
United States Marshals ServicePROCESS RECEIPT AND RETURN  
See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this formPLAINTIFF  
**UNITED STATES OF AMERICA**COURT CASE NUMBER  
**2:08cr34-WKW**DEFENDANT  
**JAMES EARLE STINSON**TYPE OF PROCESS  
**PRELIMINARY ORDER OF  
FORFEITURE****SERVE**  
►  
**AT**NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**ONE TAURUS, MODEL PT945, .45 CALIBER PISTOL, BEARING SERIAL NUMBER NQD72842**

ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)

c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be served  
with this Form - 285

1

Tommie Brown Hardwick  
United States Attorney's Office  
Assistant United States Attorney  
Post Office Box 197  
Montgomery, Alabama 36101-0197Number of parties to be served  
in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

AGENCY # 776045-07-0160

Signature of Attorney or other Originator requesting service on behalf of :

*Tommie Brown Hardwick* PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER

(334) 223-7280

DATE

05/12/08

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total  
number of process indicated  
(Sign only first USM 285 if more than  
one USM 285 is submitted)Total Process  
No. \_\_\_\_\_District of Origin  
No. \_\_\_\_\_District to Serve  
No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above).

 A person of suitable age and discretion then  
residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service  
*5/16/08*      Time  
*2:30 am*Signature of U.S. Marshal or Deputy  
*ATF*

| Service Fee | Total Mileage Charges<br>(including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount Owed to US Marshal or | Amount or Refund |
|-------------|------------------------------------------------|----------------|---------------|------------------|------------------------------|------------------|
|             |                                                |                |               |                  |                              |                  |

REMARKS

|                                                                                                                                                       |                                                                                                                                                                                                  |                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| PLAINTIFF<br><b>UNITED STATES OF AMERICA</b>                                                                                                          |                                                                                                                                                                                                  | COURT CASE NUMBER<br><b>2:08cr34-WKW</b>                                   |
| DEFENDANT<br><b>JAMES EARLE STINSON</b>                                                                                                               |                                                                                                                                                                                                  | TYPE OF PROCESS<br><b>PRELIMINARY ORDER OF FORFEITURE</b>                  |
| <b>SERVE</b><br><br><b>AT</b>                                                                                                                         | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br><b>ONE PHOENIX ARMS, MODEL HP22, .22 CALIBER PISTOL, BEARING SERIAL NUMBER 4185679</b> |                                                                            |
|                                                                                                                                                       | ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)<br><b>c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104</b>                                                |                                                                            |
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:                                                                                        |                                                                                                                                                                                                  | Number of process to be served with this Form - 285<br><b>1</b>            |
| Tommie Brown Hardwick<br>United States Attorney's Office<br>Assistant United States Attorney<br>Post Office Box 197<br>Montgomery, Alabama 36101-0197 |                                                                                                                                                                                                  | Number of parties to be served in this case<br>Check for service on U.S.A. |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

AGENCY # 776045-07-0160

|                                                                                                            |                                                                                     |                                    |                  |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|------------------|
| Signature of Attorney or other Originator requesting service on behalf of:<br><i>Tommie Brown Hardwick</i> | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER<br>(334) 223-7280 | DATE<br>05/12/08 |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|------------------|

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

|                                                                                                                                     |                         |                              |                             |                                              |      |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|-----------------------------|----------------------------------------------|------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only first USM 285 if more than one USM 285 is submitted) | Total Process No. _____ | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk | Date |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|-----------------------------|----------------------------------------------|------|

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

|                                                          |                                                                                                                        |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

|                                                       |                                   |                          |
|-------------------------------------------------------|-----------------------------------|--------------------------|
| Address (complete only if different than shown above) | Date of Service<br><i>5/16/08</i> | Time<br><i>2:30 p.m.</i> |
|-------------------------------------------------------|-----------------------------------|--------------------------|

Signature of U.S. Marshal or Deputy  
*[Signature]*

|             |                                             |                |               |                  |                              |                  |
|-------------|---------------------------------------------|----------------|---------------|------------------|------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount Owed to US Marshal or | Amount of Refund |
|-------------|---------------------------------------------|----------------|---------------|------------------|------------------------------|------------------|

REMARKS:

|                                                                                                                                                       |                                                                                                                                                                                                     |                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| PLAINTIFF<br><b>UNITED STATES OF AMERICA</b>                                                                                                          |                                                                                                                                                                                                     | COURT CASE NUMBER<br><b>2:08cr34-WKW</b>                        |
| DEFENDANT<br><b>JAMES EARLE STINSON</b>                                                                                                               |                                                                                                                                                                                                     | TYPE OF PROCESS<br><b>PRELIMINARY ORDER OF FORFEITURE</b>       |
| <b>SERVE</b><br><br><b>AT</b>                                                                                                                         | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br><b>ONE RG INDUSTRIES, MODEL RG23, .22 CALIBER REVOLVER, BEARING SERIAL NUMBER T647559</b> |                                                                 |
|                                                                                                                                                       | ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)<br><b>c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104</b>                                                   |                                                                 |
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:                                                                                        |                                                                                                                                                                                                     | Number of process to be served with this Form - 285<br><b>1</b> |
| Tommie Brown Hardwick<br>United States Attorney's Office<br>Assistant United States Attorney<br>Post Office Box 197<br>Montgomery, Alabama 36101-0197 |                                                                                                                                                                                                     | Number of parties to be served in this case<br><b> </b>         |
|                                                                                                                                                       |                                                                                                                                                                                                     | Check for service on U.S.A<br><b> </b>                          |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

AGENCY # 776045-07-0160

|                                                                                                             |                                                                                     |                                    |                  |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|------------------|
| Signature of Attorney or other Originator requesting service on behalf of :<br><i>Tommie Brown Hardwick</i> | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER<br>(334) 223-7280 | DATE<br>05/12/08 |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|------------------|

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

|                                                                                                                                     |                         |                              |                             |                                              |      |
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| I acknowledge receipt for the total number of process indicated.<br>(Sign only first USM 285 if more than one USM 285 is submitted) | Total Process No. _____ | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk | Date |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|-----------------------------|----------------------------------------------|------|

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

|                                                           |                                                                                                                        |                                     |               |                  |                              |                  |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------|------------------|------------------------------|------------------|
| Name and title of individual served (If not shown above). | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode |                                     |               |                  |                              |                  |
| Address (complete only if different than shown above)     | Date of Service<br><i>5-14-08</i>                                                                                      | Time<br><i>2:30</i> am<br><i>pm</i> |               |                  |                              |                  |
| Signature of U.S. Marshal or Deputy<br><i>ATF</i>         |                                                                                                                        |                                     |               |                  |                              |                  |
| Service Fee                                               | Total Mileage Charges (including endeavors)                                                                            | Forwarding Fee                      | Total Charges | Advance Deposits | Amount Owed to US Marshal or | Amount or Refund |

REMARKS.